

No. 16-17050

IN THE

**UNITED STATES COURT OF APPEALS**

FOR THE NINTH CIRCUIT

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PATRICIA HARDING MORRISON  
for the Estate of TOMMY MORRISON  
*Plaintiff & Appellant,*

v.

QUEST DIAGNOSTICS INCORPORATED  
JOHN HIATT  
DR. MARGARET GOODMAN  
NEVADA STATE ATHLETIC COMMISSION  
MARC RATNER  
*Defendants & Respondents.*

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**APPENDIX A: Pages 1-49.**

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## **GLOSSARY**

### **(ABBREVIATIONS & DEFINITIONS OF TERMS)**

For ease of reference, the following abbreviations and terminology are used in this brief:

#### **ABBREVIATIONS:**

**AIDS.** Acquired immune deficiency syndrome.

**CDC.** The Centers for Disease Control of the United States Public Health Service.

**CLIA.** Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research.

**FDA.** The Food and Drug Administration is the principal agency with authority over pharmaceutical and medical device labeling, promotion and advertising. The FDA is responsible for protecting the public health by assuring the safety, effectiveness and security of human and veterinary drugs, vaccines and other biological products medical devices, food products, cosmetics, dietary supplements, tobacco products and products that give off radiation.

**FDCA.** The FDA's authority primarily flows from the Federal Food, Drug, and Cosmetic Act (FDCA). The FDCA, along with the regulations and guidance documents issued by the FDA to implement and interpret the Act, governs the labeling, promotion and advertising of pharmaceutical drug and medical device products. These include prescription drugs and devices, over-the-counter (OTC) drugs and devices, vaccines, blood products and other biological drug products.

**FTC.** The Federal Trade Commission is an independent agency of the United States Government created by statute.

**HHS.** The Department of Health and Human Services

**HIV.** The Human Immunodeficiency Virus.

**HIV**

**infection.** The human immunodeficiency virus present in blood & bodily fluids.

**NIH.** The National Institute of Health.

**TERMINOLOGY:**

**autoimmune disorders.**

A disorder in which the body's immune system begins producing antibodies that attack the body's own healthy tissues. Such as Addison's Disease; Epstein-Barr; Hemolytic Anemia; Rheumatoid arthritis, Lupus, IBD Inflammatory bowel disease; ulcerative

colitis; Crohn's disease; Celiac Disease, Guillain-Barre syndrome; Graves Disease; Hypothyroidism; Pernicious anemia; Psoriasis; Restless Legs Syndrome (RLS); Sjogren's disease, polymyalgia rheumatic, multiple sclerosis, Type 1 diabetes, vasculitis and many more.

### **AIDS defining diseases.**

The Center for Disease Control and Prevention (CDC) has developed a list of these illnesses. Candidiasis of the esophagus, bronchi, trachea, or lungs (but not the mouth as in thrush); cervical cancer, invasive; Coccidioidomycosis, disseminated or extrapulmonary; Cryptococcosis, extrapulmonary; cryptosporidiosis, chronic intestinal (greater than one month's duration); cytomegalovirus disease (other than liver, spleen or nodes); cytomegalovirus retinitis (with loss of vision); encephalopathy, HIV related (not pugilistic syndrome); herpes simplex; chronic ulcer(s); bronchitis, Pneumonitis or esophagitis; histoplasmosis; Isosporiasis; Kaposi sarcoma; Burkitt's lymphoma; Immunoblastic lymphoma; mycobacterium tuberculosis; Pneumocystis Jiroveci Pneumonia; progressive multifocal leukoencephalopathy; salmonella septicemia; toxoplasmosis of the brain; wasting syndrome due to HIV.

### **budding retroviruses.**

Human immunodeficiency virus (HIV) and other retroviruses acquire their envelopes and spread infection by budding through the limiting membranes of producer cells.

**clinical trials.**

Clinical trials are research studies that explore whether a medical strategy, treatment, or device is safe and effective for humans.

**cross-reactivity.**

Cross-reactivity occurs when the proteins in one substance are similar to the proteins found in another substance. Results for potential interactions could be biological due to antibodies from other infections, or interactions between test kits in an algorithm.

**Consent to HIV-related test.**

Any consent shall be preceded by an explanation of the test, including its purpose, potential uses, limitations and the meaning of its results.

**Confidential HIV-related information.**

Any information which is in the possession of a person who provides one or more health or social services or who obtains the information pursuant to a release of confidential HI-related information and which concerns whether an individual has been the subject of an HIV-related test, or has HIV, HIV-related illness or AIDS; or any information which identifies or reasonably could identify an individual as having one or more of these conditions.

**clinical laboratory report.**

A report that is not a diagnosis, is not an HIV status, and cannot be used for treatment.

**defendants.**

Means all of the individual defendants individually, collectively, or in any combination.

**differential diagnosis.**

In medicine, a differential diagnosis is the distinguishing of a particular disease or condition from others that present similar clinical features. Differential diagnostic procedures are used by physicians and other trained medical professionals to diagnose the specific disease in a patient, or, at least, to eliminate any imminent life-threatening conditions. Often each individual option of a possible disease is called a differential diagnosis (for example, bronchitis could be a differential diagnosis in the evaluation of a cough that ends up with a final diagnosis of common cold). Where multiple alternatives are possible, the method is essentially a process of elimination or at latest a process of obtaining information that shrinks the 'probabilities' of candidate conditions to negligible levels, by using evidence such as symptoms, patient history, and medical knowledge of adjust epistemic confidences in the mind of the diagnostician (or, for computerized or computer-assisted diagnosis, the software of the system).

### **diagnostic tests.**

A diagnostic test is a procedure performed to help physicians confirm, or determine the presence of disease in an individual suspected of having the disease, usually following the report of symptoms. FDA approval is required for an intended use as a diagnostic test.

### **Electron Microscopy.**

In 1983 Dr. Robert Gallo discovered the human immunodeficiency virus using the electron microscope. The electron microscope has been used to measure HIV (120nanometers) and photo image the virus, and its antibodies, for scientific and medical literature. The electron microscope uses a beam of electrons to create an image of the specimen. It is capable of high magnifications allowing it to see much smaller objects (viruses, bacteria, atoms, proteins) than HIV in finer detail.

### **Elisa Test.**

A screening test to detect antibodies to autoimmune disorders and antibodies to HIV.

### **Expired, deficient or false consent.**

A disclosure may not be made on the basis of a consent which: 1) has expired; 2) on its face substantially fails to conform to any of the requirements set forth; 3) is known to

have been revoked; or 4) is known by the person holding the information to be materially false.

**False positive.**

A positive test for a person who is actually not infected.

**HIV test.**

Is a laboratory procedure that detects antibodies that also react to autoimmune disorders and not the human immunodeficiency virus.

**Health care provider.**

An individual or institutional health care provider.

**Individual health care provider.**

A physician, nurse, emergency medical services worker, chiropractor, optometrist, psychologist, nurse-midwife, physician assistant, dentist or other person, including a professional corporation or partnership, providing medical, nursing, drug or alcohol rehabilitation services, mental health services, other health care services or an employee or agent of such individual or an institutional health care provider.

**Institutional health care provider.**

A hospital, nursing home, hospice, clinic, blood bank, plasmapheresis or other blood product center organ or tissue bank, sperm bank, clinical laboratory, residential or



outpatient drug and alcohol rehabilitation service, mental health facility, mental retardation facility, home care agency, or any health care institution required to be licensed whether privately or publicly operated.

**Intended use.**

The FDA approves manufacturers' medical devices (HIV tests) based on clinical trials and their intended use.

**Label.**

The FDCA defines 'label' as 'a display of written, printed, or graphic matter upon the immediate container of any article.' That holds the actual product.

**Labeling.**

The FDCA defines 'labeling' as 'all labels and other written, printed, or graphic matter upon any article or any of its containers or wrappers, or accompanying such article, and has come to include 'any written, printed or graphic material that supplements or explains the product; is disseminated by the manufacturer in the commercial context as part of the selling process; and reaches the customer, doctor or patient, either before, with or after the product.'

**Limitations on disclosure and confidentiality of records.**

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No person or employee, or agent of such person, who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a

release of confidential HIV-related information may disclose or be compelled to disclose the information except to 1) The patient; 2) the physician who ordered the test, and 3) any person specifically designated in a written, valid, signed, consent as provided by the patient, and 4) a person allowed access to the information by a court order issued pursuant to a hearing.

**Medical devices.**

Examples of medical devices include surgical instruments, implantable devices, diagnostic equipment, clinical laboratory tests and medical radiation emitting products (e.g. lasers, x-ray systems and ultrasound equipment). CBER regulates some medical devices used in the collection of whole blood and other blood products. Examples include cell separation devices, blood collection containers and HIV screening tests that are used to prepare blood products or to ensure the safety of the blood supply.

**manufacturers' disclaimers.**

Manufacturers are mandated by the FDA and FTC to provide the limitations, warnings, and intended use of their products within FDA approved packet inserts/package inserts.

**medical history.**

Medical history is a record of health information about a person, and his or her close relatives. A complete record includes information from three generations of relatives,

including children, brothers, sisters, parents, aunts and uncles, nieces and nephews, grandparents, and cousins. Medical history is useful in forming a differential diagnosis.

**Medical device.**

An HIV test is considered a medical device by the FDA.

**Medical diagnosis.**

Is the process of determining which disease or condition explains a person's symptoms and signs.

**misbranded medical devices.**

A test is misbranded if it is falsely and misleadingly used for another intended use, other than what it has received approval for from the FDCA, and reporting of those results not in compliance of FDCA is considered by the FTC as false advertising and unfair or deceptive acts or practices.

**no abnormality.**

No disease.

**Notice of test result.**

The physician who ordered the test shall inform the subject of the result.

**other conditions.**

Other conditions that will trigger a reaction to QUEST's tests: Hepatitis; Hepatitis B vaccination; tetanus vaccination; Herpes Simplex; Upper Respiratory Tract Infection; Flu Vaccination; Autoimmune Diseases; Allergies; Parasites; Bacteria; Tuberculosis; Naturally Occurring Antibodies; Alpha Interferon Treatment; Malaria; Blood Transfusions; HLA antibodies; Lipemic serum; Other retroviruses; Diabetes and over one hundred additional 'other conditions'.

**Offering False Evidence.**

An offense putting forth evidence in court or another legal proceeding, specifically in writing, to books, papers, documents, records, including placing a diagnosis of a loathsome disease (human immunodeficiency virus) on a clinical laboratory report.

**Packet/package insert.**

A packet/package insert is a document approved by the FDA and provided along with the device (HIV test) to provide additional information on the device such as limitations, intended use, warnings, cross-reactions.

**promoter NRS.467.030** means any person who is licensed to produce or stages any professional contest or exhibition.

**physical examination.**

A physical examination helps the physician to determine the general status of the patient's health and discuss patient-physician about any ongoing pain or symptoms. A physical examination can often rule in or rule out a diagnosis.

**Required elements of written consent to disclosure.**

A written consent to disclosure of confidential HIV-related information shall include:

1. The specific name or general designation of the person permitted to make the disclosure; 2. The name or title of the individual, or the name of the organization to which the disclosure is to be made; 3. the name of the subject; 4. the purpose of the disclosure; 5. how much and what kind of information is to be disclosed; 6. the signature of the subject; 7. the date on which the consent was signed; 8. a statement that the consent is subject to revocation at any time except to the extent that the person who is to make the disclosure has already acted in reliance on it, and 9. the date, event or condition upon which the consent will expire, if not revoked earlier.

**retrovirus.**

A virus, such as HIV, that is composed not of DNA but of RNA.

**reliably reported.**

For a human clinical test or study (test) means a report of the test has been published in a peer-reviewed journal, and such published report provides sufficient information about the test for experts in the relevant field to assess the reliability of the results.

**Rule-in.**

Term used in medicine, meaning to confirm a diagnosis after the physician's process of elimination and differential diagnosis procedures.

**Rule-out.**

Term used in medicine, meaning to eliminate or exclude something from consideration.

**screening tests.**

Screening tests are not diagnostic tests. Results from screening tests essentially indicates suspicion of disease.

**Substitute decisionmaker.**

Any guardian or person who by law or medical practice is authorized to consent on behalf of an incompetent person for medical treatment,

**Subsequent disclosure prohibited.**

No person to whom confidential HIV-related information has been disclosed may disclose that information to another person, without further written consent.

### **Symptoms of HIV.**

Nausea, vomiting, persistent diarrhea, chronic fatigue, rapid weight loss, cough and shortness of breath, recurring fever, chills and night sweats, rashes, sores or lesions in the mouth or nose, on genitals, or under the skin.

### **viral particles.**

Viral particles or infectious particles calculate the live amount of virus found in an involved body fluid.

### **OBTAINING A DIFFERENTIAL DIAGNOSIS PHYSICIANS QUESTIONNAIRE:**

Please **check** ☒ any of these boxes to answer the question:

YES ☐ NO ☐ I can provide the Court with an affidavit from Nobel Prize Winner Kary Mullis on his invention of PCR detailing that the PCR method detects and diagnosis and confirms the presence of the virus/HIV in any specimen, including blood, fluids, sperm and tissue of TOMMY.

YES ☐ NO ☐ I can provide the Court with an affidavit on how I isolated and purified

the infection, and the virus, and the methodology used to determine

the diagnosis and location of infection in TOMMY'S body.

YES ☐ NO ☐ Antibodies are contagious.

YES ☐ NO ☐ I can disclose financials on monies and funding that I receive from specifically, funding from QUEST DIAGNOSTICS, INC., any subsidiaries or wholly owned QUEST companies; any pharmaceutical drug companies; and testing companies such as ABBOTT or ROCHE.

YES ☐ NO ☐ I can disclose whether QUEST employees are sent to my location to draw or collect blood or other specimens and what I am charged, or not charged for this service.

YES ☐ NO ☐ I bill insurance companies, and the patient, for drawing blood or collecting specimen.

YES ☐ NO ☐ I sent a QUEST laboratory report to the Social Security Administration as confirmation of a diagnosis for TOMMY to receive social security disability benefits.

YES ☐ NO ☐ Records on TOMMY are no longer in my possession, custody or control.

YES ☐ NO ☐ QUEST DIAGNOSTICS INC, OR THEIR SUBSIDIARIES diagnosed TOMMY with the virus/HIV on their laboratory report sent to me.



YES ☐ NO ☐ I personally interpreted the accuracy of all the QUEST tests that  
QUEST used on TOMMY in Las Vegas, Nevada, on February  
10, 1996.

YES ☐ NO ☐ I have attached to this questionnaire the DOCUMENT from QUEST  
or its subsidiaries that confirms a **DIAGNOSIS** of the virus/HIV in  
TOMMY.

YES ☐ NO ☐ I have attached to this questionnaire the DOCUMENT that was used  
to start treatment of HAART or ARV'S in TOMMY

YES ☐ NO ☐ The QUEST laboratory report was a definitive and conclusive  
diagnosis of the virus/HIV in TOMMY MORRISON.

YES ☐ NO ☐ I always give a copy of this QUEST report to show that my patient  
has or has not the virus/HIV.

YES ☐ NO ☐ QUEST provided me with the test kit company disclaimers on the  
tests I used on TOMMY.

YES ☐ NO ☐ QUEST provided me with the 100 non-HIV-related ailments that  
trigger a *false positive* result.

YES ☐ NO ☐ QUEST chose the tests to use to detect the virus/HIV in TOMMY'S  
blood.

following disclaimer: ELISA: The ELISA TEST by Abbott, contains an FDA package insert, with the *strict* warnings and disclaimers: “At present there is no recognized standard for establishing the presence or absence of HIV-1 antibody in human blood.”

YES ☐ NO ☐ I did not know that the test QUEST performed on TOMMY had the following disclaimer: WESTERNBLOT: The WESTERNBLOT TEST contains an FDA package insert, with the warning and disclaimer: “Do not use this test as the sole basis of diagnosis of HIV-1 infection.”

YES ☐ NO ☐ I did not know that the test QUEST performed on TOMMY had the following disclaimer: ROCHE/PCR: The PCR/Viral Load Test contains an FDA package insert with the absolute strictest of warnings and disclaimers “ *The Amplicor HIV-1 Monitor test, is not intended to be used as a screening test for HIV nor as a diagnostic test to confirm the presence of HIV infection.* ”

YES ☐ NO ☐ Testing was done on TOMMY for the following factors that are known studies and referenced in peer-reviewed journals to cause “false-positives” on the commercially available tests I used on TOMMY.

YES ☐ NO ☐ **Hepatitis** ref: Sungar C, Akpolat T, Ozkuyumcu C, et al. Alpha interferon therapy in hemodialysis patients. Nephron.

- YES ☐ NO ☐ **Rheumatoid Arthritis** ref: Ng.V.1991. *Serological diagnosis with recombinant peptides/proteins. Clin. Chem. 37:1667-1668.*
- YES ☐ NO ☐ **Tetanus vaccination** ref: Pearlman ES, Ballas SK. 1994, *False-positive human immunodeficiency virus screening test related to rabies vaccination. Arch Pathol. Lab.Med. 118-805*
- YES ☐ NO ☐ **Epstein-Barr virus** ref: Ozanne G, Fauvel M. 1988. *Performance and reliability of five commercial enzyme-linked immunosorbent assay kits in screening for anti-human immunodeficiency virus antibody in high-risk subjects. J.Clin.Micro.26:1496*
- YES ☐ NO ☐ **Hepatitis B vaccination** ref: Lee D, Eby W, Molinaro G.1992 *HIV false positivity after hepatitis B vaccination. Lancet.339:1060. and* ref: Profitt MR, Yen-Lieberman B.1993. *Laboratory diagnosis of human immunodeficiency virus infection. Inf.Dis.Clin.North Am. 7:203.*
- YES ☐ NO ☐ **Herpes Simplex II/Upper Respiratory Tract Infection** ref: Challakare K, Rapaport M. 1993. *False-positive human immunodeficiency virus type 1 ELISA results in low-risk subjects. West. J. Med.159(2):214-215*
- YES ☐ NO ☐ **Flu Vaccination** ref: Mackenzie W, Davis J, Peterson D, et al. 1992. *Multiple false-positive serologic tests for HIV, hTLV-1 and Hepatitis*

*C following influenza vaccination, 1991. JAMA.268:1015-1017.*

- YES ☐ NO ☐ **Autoimmune Diseases** ref: Ranki A, Kurki P, Reipponen S, et al.1992. *antibodies to retroviral proteins in autoimmune connective tissue. Arthritis and Rheumatism.35:1483.*
- YES ☐ NO ☐ Testing for bacteria, parasites, allergies and non-life threatening ailments to support a high or low CD4 and CD8 count.
- YES ☐ NO ☐ Mental stress testing done and results to rule out a 20-fold increase in cortisol levels reducing any T cell counts in TOMMY.
- YES ☐ NO ☐ Testing done to check cortisol levels and excessive cortisol levels that cause rapid and dramatic reductions in T cells.
- YES ☐ NO ☐ Testing to detect and diagnose GBS (Guillain-Barre Syndrome) and MILLER FISHER SYNDROME.
- YES ☐ NO ☐ Testing for chronic anxiety, depression, stress and panic attacks.
- YES ☐ NO ☐ Step-by-step methods were used by you to isolate and purify any virus and bacteria found in the blood, or specimen of TOMMY.
- YES ☐ NO ☐ Photo images were taken of any virus or bacteria found in the blood or specimen of Tommy Morrison.
- YES ☐ NO ☐ DNA testing
- YES ☐ NO ☐ Blood type of TOMMY matches QUEST lab. reports you have received

- YES ☐ NO ☐ Proof of the Patent numbers and dates licensed, along with clinical trials and photo images on all the tests used on TOMMY to detect the virus/HIV.
- YES ☐ NO ☐ Testing was done on TOMMY for the following factors that are known studies and referenced in peer-reviewed journals to cause “false-positives” on the commercially available tests I used on TOMMY.
- YES ☐ NO ☐ Naturally-occurring antibodies (5, 19)
- YES ☐ NO ☐ Anti-carbohydrate antibodies (52, 19, 13)
- YES ☐ NO ☐ Passive immunization: receipt of gamma globulin or immune globulin (as prophylaxis against infection which contains antibodies) (18, 26, 60, 4, 22, 42, 43, 13)
- YES ☐ NO ☐ Leprosy (2, 25)
- YES ☐ NO ☐ Tuberculosis (25)
- YES ☐ NO ☐ Mycobacterium avium (25)
- YES ☐ NO ☐ Systemic lupus erythematosus (15, 23)
- YES ☐ NO ☐ Renal (kidney) failure (48, 23, 13)
- YES ☐ NO ☐ Hemodialysis/renal failure (56, 16, 41, 10, 49)
- YES ☐ NO ☐ Alpha interferon therapy in hemodialysis patients (54)

- YES ☐ NO ☐ Flu (36)
- YES ☐ NO ☐ Flu vaccination (30, 11, 3, 20, 13, 43, 72, 76)
- YES ☐ NO ☐ Herpes simplex I (27)
- YES ☐ NO ☐ Herpes simplex II (11)
- YES ☐ NO ☐ Upper respiratory tract infection (cold or flu)(11)
- YES ☐ NO ☐ Recent viral infection or exposure to viral vaccines (11)
- YES ☐ NO ☐ Pregnancy in multiparous women (58, 53, 13, 43, 36, 85, 92)
- YES ☐ NO ☐ Malaria (6, 12, 75, 88)
- YES ☐ NO ☐ Young age in Africans exposed to malaria (more false-positives seen  
in children than adults) (75)
- YES ☐ NO ☐ High levels of circulating immune complexes (6, 33)
- YES ☐ NO ☐ Hypergammaglobulinemia (high levels of antibodies) (40, 33)
- YES ☐ NO ☐ Rheumatoid arthritis (36)
- YES ☐ NO ☐ Hepatitis B vaccination (28, 21, 40, 43)
- YES ☐ NO ☐ Tetanus vaccination (40)
- YES ☐ NO ☐ Organ transplantation (1, 36)
- YES ☐ NO ☐ Renal transplantation (35, 9, 48, 13, 56)

- YES ☐ NO ☐ Anti-lymphocyte antibodies (56, 31)
- YES ☐ NO ☐ Anti-collagen antibodies (found in gay men, hemophiliacs, Africans of both sexes and people with leprosy) (31)
- YES ☐ NO ☐ Serum-positive for rheumatoid factor, antinuclear antibody (both found in rheumatoid arthritis) and other autoantibodies (14, 62, 53)
- YES ☐ NO ☐ Autoimmune diseases (44, 29, 10, 40, 49, 43):
- YES ☐ NO ☐ Systemic lupus erythematosus
- YES ☐ NO ☐ Scleroderma
- YES ☐ NO ☐ Connective tissue disease
- YES ☐ NO ☐ Dermatomyositis
- YES ☐ NO ☐ Acute viral infections, DNA viral infections (59, 48, 43, 53, 40, 13)
- YES ☐ NO ☐ Malignant neoplasms (cancers) ( 40)
- YES ☐ NO ☐ Alcoholic hepatitis/alcoholic liver disease (32, 48, 40, 10, 13, 49, 43, 53)
- YES ☐ NO ☐ Primary sclerosing cholangitis (48, 53)
- YES ☐ NO ☐ Hepatitis, hepatitis B (54, 95),
- YES ☐ NO ☐ "Sticky" blood (in Africans) (38, 34, 40)

- YES ☐ NO ☐ Antibodies with a high affinity for polystyrene (used in the test kits)  
(62, 40, 3)
- YES ☐ NO ☐ Blood transfusions, multiple blood transfusions (63, 36, 13, 49, 43,  
41)
- YES ☐ NO ☐ Multiple myeloma (10, 43, 53)
- YES ☐ NO ☐ HLA antibodies (to Class I and II leukocyte antigens)(7, 46, 63, 48,  
10, 13, 49, 43, 53)
- YES ☐ NO ☐ Anti-smooth muscle antibody (48)
- YES ☐ NO ☐ Anti-parietal cell antibody (48)
- YES ☐ NO ☐ Anti-hepatitis A IgM (antibody)( 48)
- YES ☐ NO ☐ Anti-HBc (hepatitis B core) IgM (48)
- YES ☐ NO ☐ Administration of human immunoglobulin preparations pooled before  
1985 (10)
- YES ☐ NO ☐ Hemophilia (10, 49)
- YES ☐ NO ☐ Hematologic malignant disorders/lymphoma (43, 53, 9, 48, 13)
- YES ☐ NO ☐ Primary biliary cirrhosis (43, 53, 13, 48, 104)
- YES ☐ NO ☐ Stevens-Johnson syndrome (9, 48, 13)



- YES ☐ NO ☐ Q-fever with associated hepatitis (61)
- YES ☐ NO ☐ Heat-treated specimens (51, 57, 24, 49, 48)
- YES ☐ NO ☐ Lipemic serum (blood with high levels of fat or lipids) ( 49)
- YES ☐ NO ☐ Hemolyzed serum (disruption of the red blood cell membrane, causing release of hemoglobin) (49)
- YES ☐ NO ☐ Hyperbilirubinemia (10, 13)
- YES ☐ NO ☐ Healthy individuals as a result of poorly-understood cross-reactions (10)
- YES ☐ NO ☐ Normal human ribonucleoproteins (48, 13)
- YES ☐ NO ☐ Other retroviruses (8, 55, 14, 48, 13)
- YES ☐ NO ☐ Anti-mitochondrial antibodies (48, 13)
- YES ☐ NO ☐ Anti-nuclear antibodies (48, 13, 53)
- YES ☐ NO ☐ Anti-microsomal antibodies (34)
- YES ☐ NO ☐ T-cell leukocyte antigen antibodies (48, 13)
- YES ☐ NO ☐ Proteins on the filter paper (13)
- YES ☐ NO ☐ Epstein-Barr virus (37, 90)
- YES ☐ NO ☐ Visceral leishmaniasis (45, 89)

- YES ☐ NO ☐ Maternal antibodies carried over to uninfected infants (87)
- YES ☐ NO ☐ Low affinity natural polyreactive antibodies (68)
- YES ☐ NO ☐ Rubella vaccination (67)
- YES ☐ NO ☐ Rabies vaccination (40)
- YES ☐ NO ☐ Trypanosoma cruzi (Chagas Disease) (88)
- YES ☐ NO ☐ Trypanosoma brucei gambiense (sleeping sickness) (102)
- YES ☐ NO ☐ Heterophile antibodies (94, 96)
- YES ☐ NO ☐ Human anti-animal antibodies: Bovine, goat, mice, sheep, other? (96)
- YES ☐ NO ☐ Exposure to large animals (101)
- YES ☐ NO ☐ Antibodies to bovine serum albumin used in test kits (96)
- YES ☐ NO ☐ Rapid HIV test kits nearing their expiration date (74)
- YES ☐ NO ☐ Multiple sclerosis (86) (105)
- YES ☐ NO ☐ Cystic fibrosis (86) (100)
- YES ☐ NO ☐ Injection drug use (parenteral substance abuse & OTHER (86)
- YES ☐ NO ☐ Cross-contamination of negative samples by adjacent samples (70)  
(103) (47)
- 
- YES ☐ NO ☐ Unidentified host- or site-specific factors (71)

- YES ☐ NO ☐ Length of time used to incubate home test kit produces false-positives (78)
- YES ☐ NO ☐ Schistosoma haematobium worm, Schistosoma mansoni egg (73)
- YES ☐ NO ☐ Circulating p-ANCA (p-anti-neutrophil cytoplasmic antibody) and/or myeloperoxidase (93)
- YES ☐ NO ☐ Cutaneous T-cell lymphoma (105)
- YES ☐ NO ☐ Diabetes (101)
- YES ☐ NO ☐ Anti major histocompatibility complex (MHC) (101)
- YES ☐ NO ☐ Anti-cardiolipin antibodies (104)
- YES ☐ NO ☐ Polyclonal B-cell activation (102)
- YES ☐ NO ☐ Protozoan parasites (102)
- YES ☐ NO ☐ Paramyxovirus infection (47)
- YES ☐ NO ☐ Autoantibodies against cellular proteins (47)

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## **PEER REVIEWED ARTICLES REFERENCING AUTOIMMUNE**

### **DISORDERS:**

1. Agbalika F, Ferchal F, Garnier J-P, et al. False-positive antigens related to emergence of a 25-30 kD protein detected in organ recipients.

*AIDS* 1992, Vol. 6 № 9.

2. Andrade V, Avelleira JC, Marques A, et al. Leprosy as a cause of false-positive results in serological assays for the detection of antibodies to HIV-1.

*Intl. J. Leprosy* (1991) Vol. 59, № 1, 125.

3. Arnold NL, Slade RA, Jones MM, et al. Donor follow up of influenza vaccine-related multiple viral enzyme immunoassay reactivity.

*Vox Sanguinis* (1994) Vol. 67: 191-194.

4. Ascher D, Roberts C. Determination of the etiology of seroreversals in HIV testing by antibody fingerprinting.

*JAIDS* (1993) Vol. 6, 241-244.

5. Barbacid M, Bolghesi D, Aaronson S. Humans have antibodies capable of recognizing oncoviral glycoproteins: Demonstration that these antibodies are formed in response to cellular modification of glycoproteins rather than as consequence of exposure to virus.

Proc. Natl. Acad. Sci. USA (1980) Vol. 77: 1617-1621.

6. Biggar R, Melbye M, Sarin P, et al. ELISA HTLV retrovirus antibody reactivity associated with malaria and immune complexes in healthy Africans.

Lancet (Sep 7 1985) 520-543.

7. Blanton M, Balakrishnan K, Dumaswala U, et al. HLA antibodies in blood donors with reactive screening tests for antibody to the immunodeficiency virus.

Transfusion Vol. 27, No 1, 118.

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**DOCKET HISTORY**

MORRISON's docket entries of critical filings and fact-based

Exhibits overlooked by the district court.

<b>DOCKET:</b>	<b>DOCUMENT:</b>
6	CERTIFICATE OF INTERESTED PARTIES
90	OBJECTION RE DISCOVERY
105/106	SECOND AMENDED COMPLAINT
125	FIRST REQUEST FOR JUDICIAL NOTICE
127/128/130	MOTION TO COMPEL PRODUCTION OF DOCUMENTS
130/131/132	MOTION TO COMPEL PRODUCTION OF DOCUMENTS
153	SECOND SUPPLEMENTAL WITNESS AND EXHIBIT DISCLOSURES
154	SECOND MOTION TO COMPEL PRODUCTION OF DOCUMENTS
157	DEMAND FOR TRIAL BY JURY
158	MOTION TO SET TRIAL DATE
194/195	RESPONSE TO MSJ#185#186
200	EXHIBITS ROCKY 1-15
201	MOTION TO HOLD PRO HAC VICE COUNSEL IN CONTEMPT
202	EXHIBITS 1-2
203	EXHIBITS 1-15
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219	EXHIBITS
262	SECOND REQUEST FOR JUDICIAL NOTICE
267	SUPPLEMENTAL CERTIFICATE OF INTERESTED PARTIES